

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 7/30/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Chester Debellis			Registration Number, if PAC	
Street Address 3874 Rushmore Dr	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$25.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Overmyer			Registration Number, if PAC	
Street Address 2480 Stonehaven Pl	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Cotton			Registration Number, if PAC	
Street Address 27 Keswick Dr	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff; c/o Vic Goodman			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffery Feinman			Registration Number, if PAC	
Street Address 5247 Longrifle Rd	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$1,000.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Bishop			Registration Number, if PAC	
Street Address 2541 Bay Harbour	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$1,000.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor A J Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0 8 0 1 1 4	D Y Amount \$150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 2,675.00